

"Express Mail" Label No. EV 566 970 738 US  
Date of Deposit August 30, 2005

**PATENT**  
Attorney Docket No.: 015114-067500US  
Client Ref. No.: A1060

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By:

J. Matthew Zigmant

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Dirk Reese

Application No.: 10/786,370

Filed: 02/24/2004

For: OVER-VOLTAGE PROTECTION  
OF INTEGRATED CIRCUIT I/O PINS

Customer No.: 26059

Confirmation No. 3403

Examiner: Zweizig, Jeffrey Shawn

Technology Center/Art Unit: 2816

**AMENDMENT AFTER ALLOWANCE  
UNDER 37 CFR § 1.312(a)**

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Sir:

In response to the notice of allowance mailed July 14, 2005, please amend the above-identified application as follows:

**Remarks/Arguments** begin on page 2 of this paper.

09-1-05

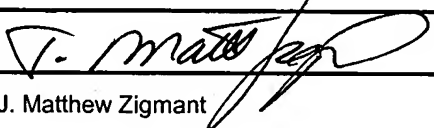
09-1-05

PTO/SB/21 (09-04)

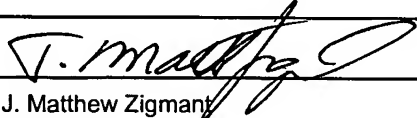
<b>PTO TRANSMITTAL FORM</b> AUG 3-0 2005 (Do not be used for all correspondence after initial filing) Patent Office	Application Number	10/786,370
	Filing Date	February 24, 2004
	First Named Inventor	Reese, Dirk
	Art Unit	2816
	Examiner Name	Zweizig, Jeffrey Shawn
	Attorney Docket Number	015114-067500US
Total Number of Pages in This Submission		14

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) (10 Pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input checked="" type="checkbox"/> After Allowance Communication to TC (2 pages) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>This Transmittal Form (1 page); and Return Postcard (1 page).</b>
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Matthew Zigmant		
Date	8/30/05	Reg. No.	44,005

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	J. Matthew Zigmant	Date	8/30/05